P1000064569

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Suite 100 Tallahassee, Florida 32309 (850) 681-6528 HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

COA839	
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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

LISTING OF 39 CHANGE OF AGENT FORMS ATTACHED

ALONG WITH A CHECK FOR \$1,365.00 IN PAYMENT OF GROUP

			
Filing Evidence ▶ Plain/Confirmation Co	ру	Type of Docum ☐ Certificate of Sta	
□ Certified Copy	. •	□ Certificate of Go	ood Standing
		□ Articles Only	·
Retrieval Request □ Photocopy □ Certified Copy		□ All Charter Doc Articles & Ame □ Fictitious Name □ Other	
NEW FILINGS		AMENDMENTS]
Profit		Amendment	
Non Profit		Resignation of RA Officer/Director]
Limited Liability	X	Change of Registered Agent	39 FILINGS
Domestication		Dissolution/Withdrawal	See List
Other		Merger]
			-
OTHER FILINGS		REGISTRATION/QUALIFICATION]
Annual Reports		Foreign	1
Fictitious Name		Limited Liability	
Name Reservation		Reinstatement	
Reinstatement		Trademark	
		Other] :

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga der to change its registered office or regis	inized under the laws of the State of	FL.
1. The name of	the corporation: COADVANTAGE RESC	OURCES 35, INC.	
	office address: 3350 BUSCHWOOD PAI		
3. The mailing a	address (if different): 135 W CENTRAL E	BLVD, ATTN: D LEMKE STE 600,	
4. Date of incor	rporation/qualification: 8/05/2010	Document number: P100000	64569
5. The name and	nd street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file w	
	SJOBECK, JEFFREY J		
	3350 BUSCHWOOD PARK DR STE 200	0	
	TAMPA, FL 33618	*	
6. The name and (if changed):	nd street address of the new registered ago	ent (if changed) and /or registered of	fice The second
	NRAI Services, Inc.		2 P
	1200 South Pine Island Road		2. ?
	P.O Box NO Plantation, Florida 33324	T acceptable	\$ \frac{1}{2} \fra
The street addre	ress of its registered office and the street I be identical.	t address of the business office of it	ts registered agent,
Such change wa authorized by th	vas authorized by resolution duly adopte the board or the corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so
		JEFFREY J SJOBECK, SECRETA	
hereby confirm	t the appointment as registered agent ar to comply with the provisions of all sta f my duties, and I am familiar with and his document is being filed merely to ref to that the corporation has been notified	Printed or typed name and tit nd agree to act in this capacity. tutes relative to the proper and con accept the obligation of my position lect a change in the registered offic in writing of this change.	nplete n as registered
By: Sig	Services, Inc. La Jund gnature of Registered Agent	6/30/14 Date	
If signing on be	ehalf of an entity:		
ED HAND, ASS	ST SEC		
T	Typed or Printed Name		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)